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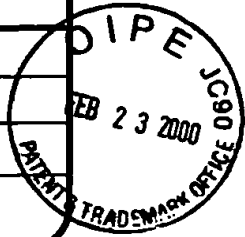
**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 59.0021  
First Named Inventor Clark, Jr. et al.

**COMPLETE IF KNOWN**

Application Number 09/471,659  
Filing Date December 24, 1999  
Group Art Unit To be assigned  
Examiner Name To be assigned



As a below named inventor, I hereby declare

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR TRANSMISSION OF WELL-BORE DATA ON MULTIPLE CARRIER FREQUENCIES**

the specification of which (Title of the Invention)

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 12/24/1999 as United States Application Number or PCT International

Application Number 09/471,659 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
None			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

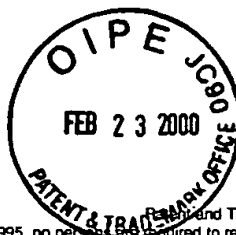
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
None		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:



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## DECLARATION—Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U. S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
None		

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☐ Customer Number or  
Bar Code Label

OR ☒ Correspondence address below

Name	Pehr B. Jansson				
Address	Schlumberger Austin Product Center				
Address	8311 North FM 620 Road, P.O. Box 200015				
City	Austin	State	TX	ZIP	78720-0015
Country	US	Telephone	512-331-3748	Fax	512-331-3060

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))			Family Name or Surname		
Lloyd D.			Clark, Jr.		
Inventor's Signature	<i>Lloyd D. Clark, Jr.</i>			Date	1/14/2000
Residence: City	Cedar Park	State	TX	Country	US
Post Office Address	1416 Shenandoah Drive				
Post Office Address					
City	Cedar Park	State	TX	ZIP	78613-5227
				Country	US

☒ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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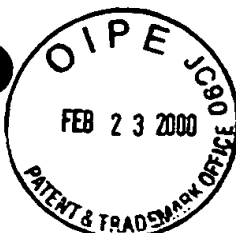
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>3</u>
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<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Joseph M.				Steiner, Jr.			
Inventor's Signature	<i>Joseph M Steiner Jr</i>					Date	14 JAN 2000
Residence: City	Austin	State	TX	Country	US	Citizenship	US
Post Office Address	10612 Icarus Court						
Post Office Address							
City	Austin	State	TX	ZIP	78726	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Suzanne D.				Richardson			
Inventor's Signature	<i>Suzanne Richardson</i>					Date	JAN. 14, 2000
Residence: City	Austin	State	TX	Country	US	Citizenship	US
Post Office Address	3220 Duval Road, #3303						
Post Office Address							
City	Austin	State	TX	ZIP	78759	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Ramon				Hernandez-Marti			
Inventor's Signature	<i>Ramon Hernandez-Marti</i>					Date	Jan 14 2000
Residence: City	Austin	State	TX	Country	US	Citizenship	Spanish
Post Office Address	11121 Callanish Park Drive						
Post Office Address							
City	Austin	State	TX	ZIP	78750	Country	US

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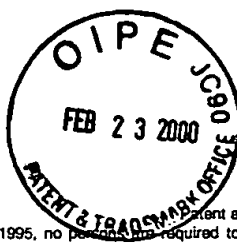
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>2</u> of <u>3</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Terry L.				Mayhugh			
Inventor's Signature						Date	13 Jan 00
Residence: City	Round Rock	State	TX	Country	US	Citizenship	US
Post Office Address	2302 Oak Ridge Drive						
Post Office Address							
City	Round Rock	State	TX	ZIP	78681	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Bart J.				Bombay			
Inventor's Signature						Date	14 Jan '00
Residence: City	Austin	State	TX	Country	US	Citizenship	US
Post Office Address	6408 Forest Hills Drive						
Post Office Address							
City	Austin	State	TX	ZIP	78746	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
John A.				Booker			
Inventor's Signature						Date	1-12-00
Residence: City	Austin	State	TX	Country	US	Citizenship	US
Post Office Address	3207 Whitepine Dr.						
Post Office Address							
City	Austin	State	TX	ZIP	78757	Country	US

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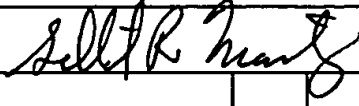
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
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<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Gilbert R.				Martinez			
Inventor's Signature				Date		<u>Jan 14<sup>th</sup> 2000</u>	
Residence: City	Georgetown	State	TX	Country	US	Citizenship	US
Post Office Address		111 Logan Road					
Post Office Address							
City	Georgetown	State	TX	ZIP	78628	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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